



Internal Medicine Associates of St Peter's Hospital

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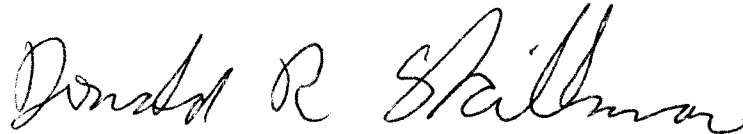
To Whom It May Concern:

I am writing in support of SB 174, a bill that would establish a new level of pharmacist, called a "clinical pharmacist practitioner", in Montana. The complexity of modern medicine, with a plethora of therapeutic options and polypharmacy becoming a normal event for our aging population often stretches the capabilities of physicians beyond their comfort levels. There is a well-recognized shortage of primary care physicians in the United States, and Montana has not escaped this problem. There simply aren't enough of us around to do all the work that's necessary. Utilizing pharmacists with additional certification, education, and/or experience in a particular area of expertise can tremendously extend the reach of medical care and optimize the delivery of truly good medical care. SB 174 calls for clinical pharmacist practitioners to be approved by both the Boards of Pharmacy and Medical Examiners, and have a collaborative practice agreement with a supervising physician. This provides regulatory oversight and enforces physician guidance for the care that such pharmacists will deliver. This bill demonstrates remarkable proactive foresight, permitting Montana physicians to provide better medical care to more patients in a timely fashion.

I have been a physician for 28 years. I have practiced primary care medicine, subspecialty care medicine, medical research, and have directed physician training programs. In each of these settings, pharmacists with special education and experience have provided superlative enhancements to my work. I applaud the prospect of certifying clinical pharmacist practitioners to help me manage the extraordinarily complicated regimens of care needed for patients with

AIDS, hepatitis C, blood clotting disorders, and organ transplants. With special education in these areas, a clinical pharmacist practitioner can optimize the delivery of up-to-date care for each individual patient and recognize potential drug interactions related to all the other products the individual patient may be receiving.

Things are not getting any easier or simpler in the world of medicine. Quite the contrary, modern medicine is increasingly more difficult, more complex, and sometimes more confusing. Opportunities to create unanticipated drug reactions occur daily. Advancements in treatment schemes and retreat from previous treatment protocols occur just as often. Keeping up is difficult. Having a certified clinical pharmacist practitioner to assist in this modern world where mistakes and delayed therapy is not an option is a development that I wholeheartedly endorse and eagerly await.

A handwritten signature in black ink, reading "Donald R Skillman". The signature is fluid and cursive, with the first name "Donald" and last name "Skillman" clearly legible.

Dr. Donald R. Skillman, M.D., FACP
Infectious Diseases / Internal Medicine
Chief, Department of Medicine
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COL (ret) U.S. Army

Co-President, Lewis & Clark Medical Society

Member, Montana Infectious Disease Network

This letter is my personal and professional opinion, and it does not necessarily reflect the views of St Peter's Hospital or any other organization.

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To the House Business and Labor Committee

3/16/09

Mr. Chairman Wilson and committee members:


I apologize that I am not able to testify in person on SB 174 as I did in the Senate hearing. I am a member of the MT Board of Medical Examiners and am representing the Board, which unanimously endorsed this bill following discussion at our January meeting.

Our understanding of this bill is that it will enable a few pharmacists who have had special training to expand medical care in our state, especially in underserved areas, and thus, will be of benefit to Montanans. The Board of Medical Examiners will work closely with the Board of Pharmacy to draft appropriate rules for this program and suggested the amendment that changes "in consultation with" to "with the concurrence of".

As we understand it, this bill does not allow pharmacists to "practice medicine". Instead, it permits specially trained pharmacists to establish formal agreements with a supervising physician so that a specific patient of that physician, relative to a specific condition (such as diabetes, cancer, pain, etc.) can benefit from the expert knowledge of a pharmacist relative only to that condition. A few other states have such a program which appears to work in a safe and successful way.

We encourage you to support SB 174.

Respectfully,



Mary Anne Guggenheim, M.D.
Member of the MT Board of Medical Examiners
Past Representative of HD55